

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034835

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

347

Primary Registration District No.

6162

Registrar's No.

84

FILED AUG 26 1963

1. PLACE OF DEATH

a. COUNTY **Stone**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **(Ruth)**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Reeds Spring, Mo RFD**

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY **Greene**

c. CITY OR TOWN **Springfield**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1370 South Kansas

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

William "Bill" Ellis

Eoff

4. DATE OF DEATH

Month

Day

Year

August 11, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-28-1923 39

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Masonry Constructor

10b. KIND OF BUSINESS OR INDUSTRY

Mason Constructor Dallas County, Missouri

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Claude Eoff

13b. MOTHER'S MAIDEN NAME

Hazel Stroup

14. NAME OF HUSBAND OR WIFE

Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W.W.2

16. SOCIAL SECURITY NO.

1370 Kansas, Springfield, Mo.

17. INFORMANT

Mr. & Mrs. Claude Eoff, 1370 S. Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Probable Skull Fracture

INTERVAL BETWEEN ONSET AND DEATH

About

30 min.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Puncture wound between corner of right eye and nose that went to brain.

DUE TO (c)

Caused by tree limb.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Puncture wound between corner of right eye and nose that went to brain.

20c. TIME OF INJURY

10

Hour

10

Month, Day, Year

8/11/63

p.m.

8/11/63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

Table Rock Lake

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Table Rock Lake

20f. CITY, TOWN, OR LOCATION

Reeds Spring

COUNTY

Stone

STATE

Missouri

21. I attended the deceased from **Coroners Case** to **10:30 P.m.** and last saw him alive on **the date stated above, and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE

George Maulone

(Degree or title)

Coroner

22b. ADDRESS

Crane, Missouri

22c. DATE SIGNED

8/13/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-14-1963

23c. NAME OF CEMETERY OR CREMATORY

Maple Park Cemetery

23d. LOCATION (City, town, or county)

Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS

Ralph Thieme, 1200 Boonville Ave. Springfield, Missouri

25. DATE RECD. BY LOCAL REG.

Aug 17, 1963

26. REGISTRAR'S SIGNATURE

Mary F. Stewart

AUG 28 1963

Permit obtained
Aug 17, 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harold Futrell

Licensed Embalmer No.

5079

P. O. Address

Spfld, Mo.

7734

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.